

Name  
in  
FullJohn W<sup>m</sup> Adams

## CERTIFICATE OF DEATH

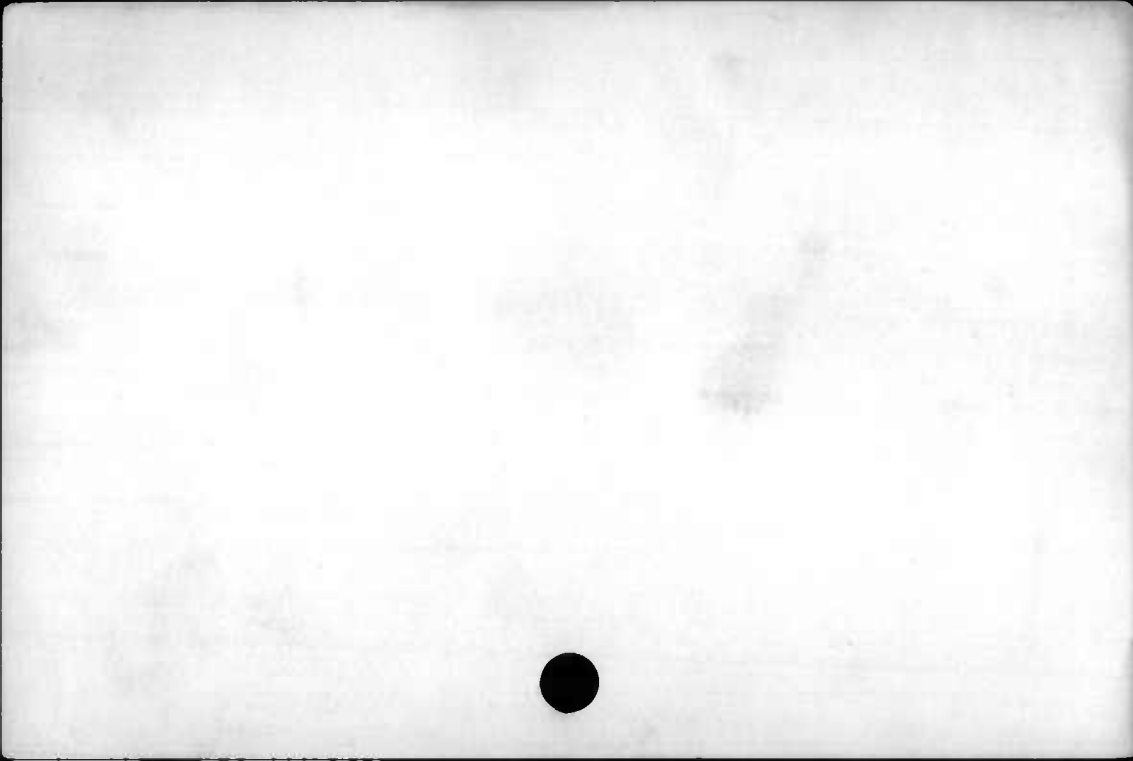
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harve &amp; Grace</i>		County <i>Hampford</i>		MARYLAND	
Date of death 1903	Month <i>11</i>	Day <i>13</i>	Age <i>34</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wid</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Laborer</i>				
Name of Wife or Husband <i>Laura L. Adams</i>					
Father's Name <i>Andrew Adams</i>			Father's Birthplace		
Mother's Maiden Name <i>—</i>			Mother's Birthplace		
Name of person giving information <i>Daughter</i>			How related to deceased <i>27</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>Several months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. Hopkin</i>
	Address <i>Harve &amp; Grace</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Robt. Ayers Jr.

## CERTIFICATE OF DEATH

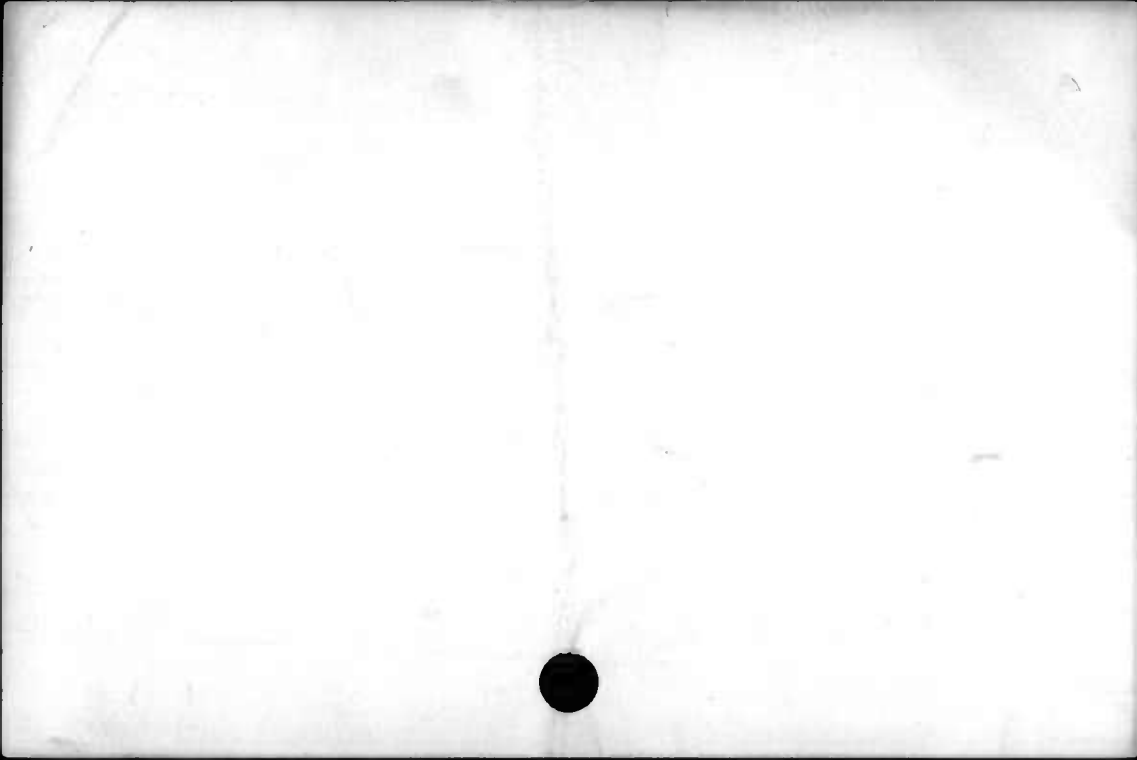
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bel Air</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death <u>1903</u>	Month <u>Nov.</u>	Day <u>14</u>	Age <u>—</u>	Months <u>8</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Bel Air, Md</u>			
Occupation <u>Infant</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Robt. Ayers</u>		Father's Birthplace <u>Harford Co., Md</u>			
Mother's Maiden Name <u>Sadie Campbell</u>		Mother's Birthplace <u>York Co., Pa</u>			
Name of person giving Information <u>Robt. Ayers</u>		How related to deceased <u>father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Deceased not present at death of child, but from symptoms described by parents</u>	How long <u>3 days</u>
Immediate <u>thick &amp; bronchial pneumonia</u>	How long <u>abt. 1 hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Ed Hall, Richd. Don Md.</u>
	Address <u>Bel Air, Md</u>
Accident or Suicide? <u>—</u>	



Name in Full

Certificate of Death

Infant -

Town

County

Died at

Pylesville

Harford

MARYLAND

Date 1902 - 11 - 28      Age - - 14      Native of Pylesville      Occupation \_\_\_\_\_

Male      White      Married      Widow      Divorced

Female      Colored      Single      Widower      Number of children living \_\_\_\_\_

Husband of \_\_\_\_\_

Wife of \_\_\_\_\_

Father's Name Oliver A. Bay

Mother's Name Fannie L. Bay

Cause of Primary Cholera

How long sick 12 days

Death Immediate Pyemia

Accident, Suicide, Homicide

Reported by

W. H. Cundy

Address

Pylesville Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1902



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Julia Ann Blaney*

Died at *Rocks* Town *Harford* County *MARYLAND*

Date of death 190 *3* Month *Nov.* Day *5* Age *78* Years *1* Months *25* Days

Sex *Female* Color or Race *White* Birth-place *Harford Co Md*

~~Married, Single~~ or Widowed *Widow* Occupation *House-keeper*

Name of Wife or Husband *William Jefferson Blaney*

Father's Name *John Stott* Father's Birthplace *Harford Co*

Mother's Maiden Name *Hannah Jones* Mother's Birthplace *Pa*

Name of person giving information *Mary Miller* How related to deceased *Singlet*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Surfaced Circulation* How long *4 or 5 mos.*

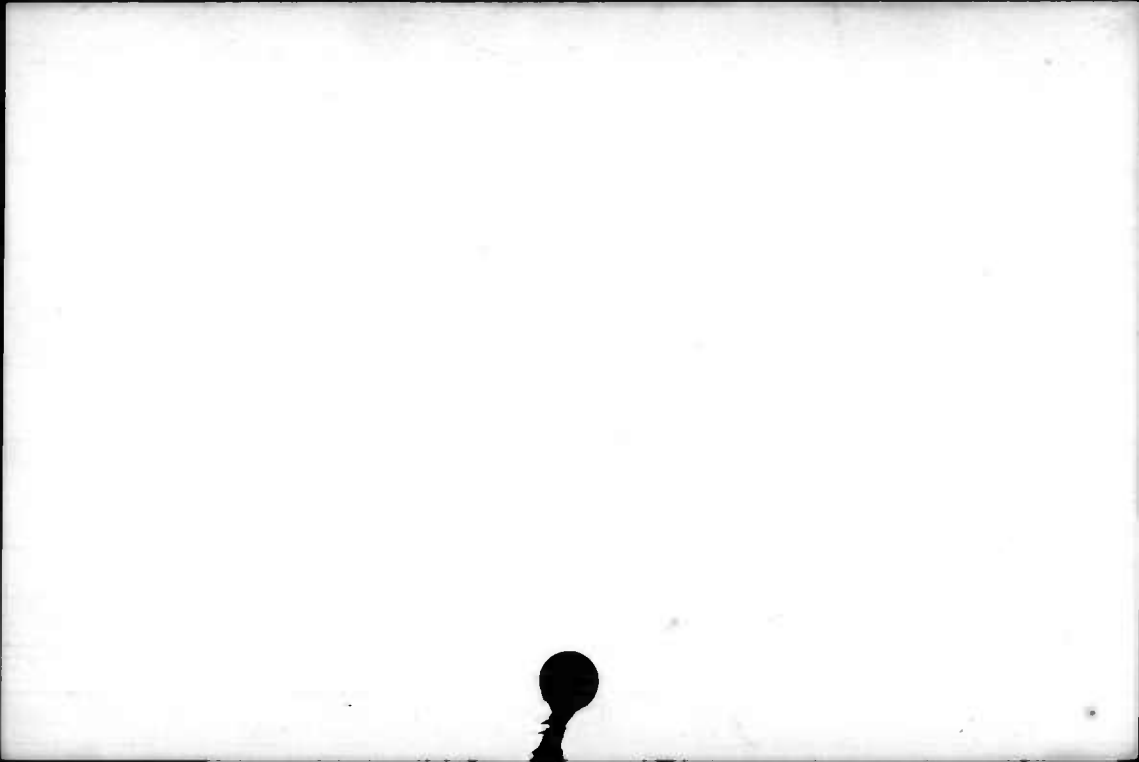
Immediate *Gangrene* How long *few weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm L. Smith - M.D.*

Address *Jonesville Md*

Accident or Suicide? *—*





Name in Full

Certificate of Death

Rebecca A. Bowen  
 Town County

MARYLAND

Died at

Date 1903

Month Day

11-17

Y. M. D.

Age 72

Native of

America

Occupation

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

4

~~Husband~~

Wife

Father's

Name

Mother's

Maiden Name

Diners

Cause of

Primary

Death

Immediate

How long sick

3 year

Accident, Suicide, Homicide

Reported by

Henry Tammig

Address

Wendell Mel

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Bury at Smith Chapel

11/20/03

Name in Full

Certificate of Death

Olia Corcoran Boyd

Town

County

Died at

MARYLAND

Died at *Metebur Harford*  
 Date 1903 *Nov 12* Age *14* Native of *Harford*  
 Male *White* Married *Widow* Divorced  
 Female *Colored* Single *Widower* Number of children living

Husband ☒ of  
 Wife ☒

Father's Name *Wm C. Boyd* Mother's Name *Clara Boyd*

Cause of Death { Primary Immediate *Skaeme* How long sick  
 Accident, Suicide, Homicide

Reported by *Builey & Baldwin*Address *Leibel Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister



Name  
in  
Full

Cordelia Cox

## CERTIFICATE OF DEATH

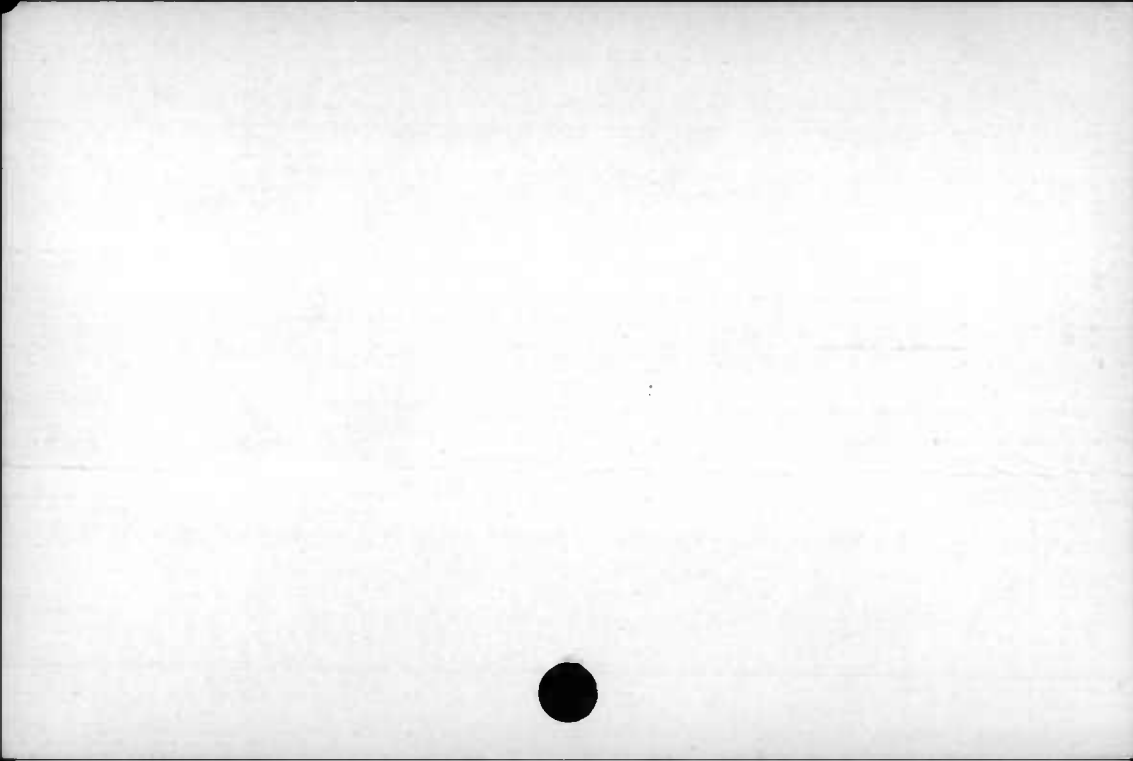
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Pool</u> Town		<u>Harford</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Nov</u>	Day <u>26</u>	Age <u>75</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>colored</u>		Birth-place <u>Darlington</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>Servant</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Stewart Cox</u>			Father's Birthplace <u>Darlington</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Hazzard Harris</u>			How related to deceased <u>Son-in-law</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Stroke of Paralysis</u>	How long <u>4 or 5 years</u>
Immediate <u>a 4 or 5 stroke</u>	How long <u>a day or two</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Ephw Hopkins</u>
	Address <u>Darlington</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

M. Elizabeth Creswell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

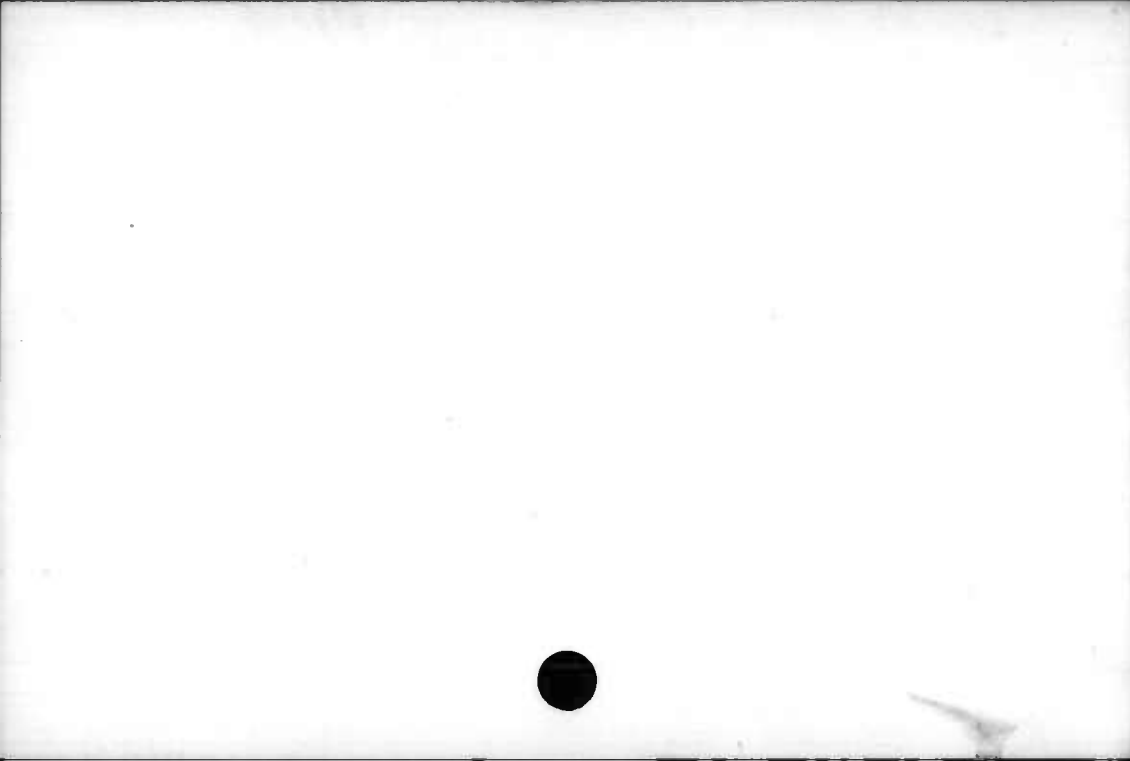
Died at		Town <i>Singer</i>		County		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 190 <i>3</i>	<i>11</i>	<i>15</i>	Age <i>29</i>	<i>—</i>	<i>—</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co., Md.</i>				
Married, <del>Female</del> <del>or White</del>			Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Harry Creswell</i>							
Father's Name <i>James F. Brown</i>				Father's Birthplace <i>Balto. Md.</i>			
Mother's Maiden Name <i>Elmira Bigdon</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>James F. Brown</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>	How long	<i>5 months</i>
Immediate	<i>Syncope (asthenia)</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Yes- <i>Yes</i>	
Signature of Physician		<i>A. F. Vant Bibber</i>	
Address		<i>T. B. Blair</i>	
Accident or Suicide?		<i>Neither</i>	

*Md.*





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Name *George Allen Homewood*Died at *Near Hickory* <sup>Town,</sup> *Harford* <sup>County</sup>Date of death 1903 <sup>Month</sup> *11* <sup>Day</sup> *4* Age <sup>Years</sup> *3* <sup>Months</sup> *3* <sup>Days</sup>Sex *Male* Color or Race *White* Birth-place *Near Hickory*Married, Single or Widowed *Single* Occupation

Name of Wife or Husband

Father's Name *Benjamin Homewood* *105*Father's Birthplace *Ind*Mother's Maiden Name *Jennie Martin*Mother's Birthplace *Ind*Name of person giving information *Benjamin Homewood*How related to deceased *Father*

## CAUSES OF DEATH

Primary *Myocarditis*How long *1 week*Immediate *Convulsions*How long *1 day*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Dr. F. P. Smithson*Address *Forest Hill Ind*

Accident or Suicide?



Name  
in  
Full

Edward B. Gallup

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

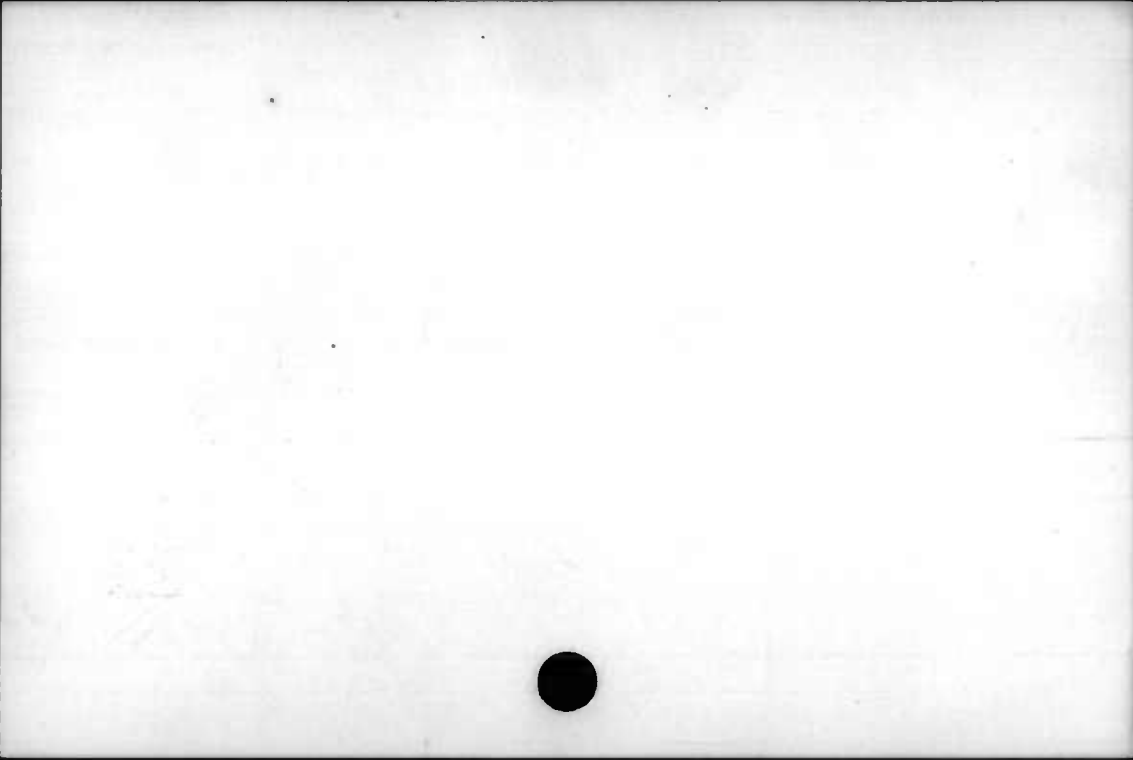
MARYLAND

Died at <sup>Town</sup> *Carre de Grace* <sup>County</sup> *Harford*Date of death 1903 <sup>Month</sup> *Nov* <sup>Day</sup> *25* Age <sup>Years</sup> *85* <sup>Months</sup> *-* <sup>Days</sup> *-*Sex *Male* Color or Race *White* Birth-place *Spercutia Island*Married, Single or Widowed *Married* Occupation *Sailor*Name of Wife or Husband *Kate Gallup*Father's Name *E. Gallup* *120*Father's Birthplace *Spercutia Island*Mother's Maiden Name *Katherine James*Mother's Birthplace *Ton.*Name of person giving information *Charles Gallup*How related to deceased *Son.**Bright disease*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER*Unnatural poisoning & Coma*How long *2 or 3 hrs*Immediate *By*How long *1 hour*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *R. W. Smith M.D.*Address *Carre de Grace Md*

Accident or Suicide?



Name  
in  
Full

Thomas Hiles

## CERTIFICATE OF DEATH

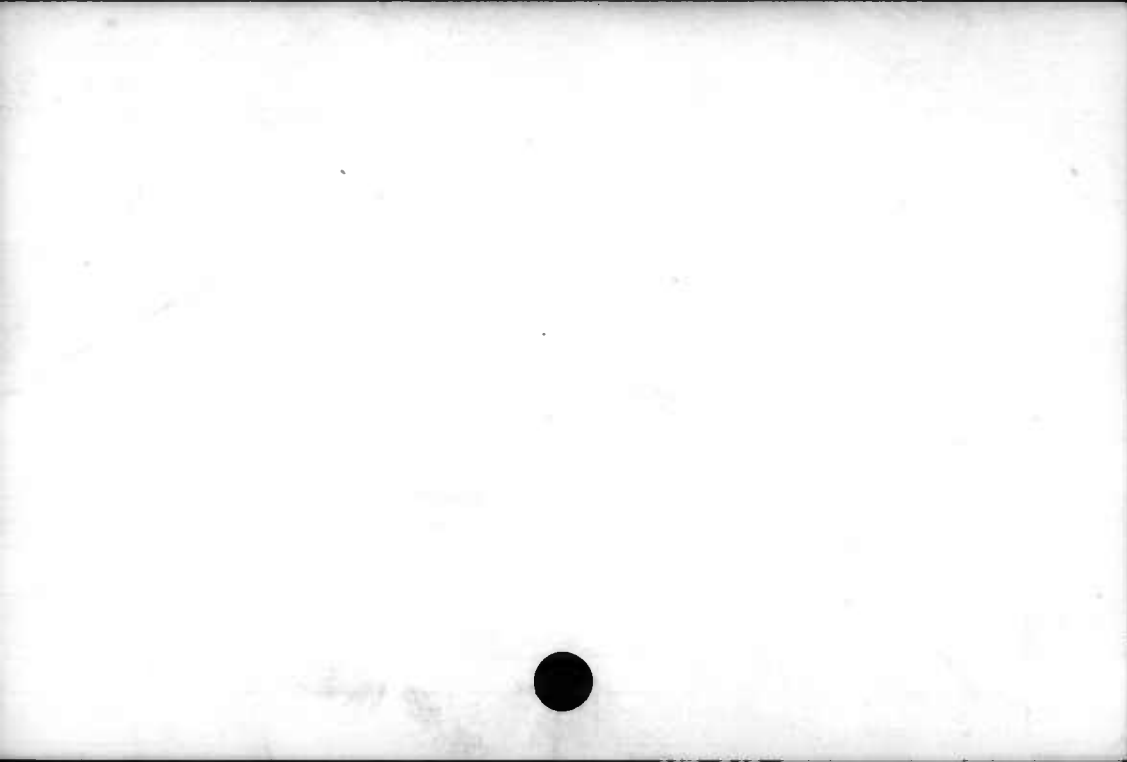
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Calvary</i> Town		<i>Harford</i> County		MARYLAND	
Date <i>14</i> of death 190 <i>3</i>	Month <i>November</i>	Day <i>Tuesday</i>	Age <i>76</i>	Months	Days
Sex <i>male</i>	Color or Race <i>Colord</i>	Birth-Place <i>Belair</i>			
Married, Single or Widowed <i>married</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband <i>Sarah Hiles</i>					
Father's Name <i>Thomas Hiles</i>		93		Father's Birthplace <i>Harford Co</i>	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>William Cooper</i>		How related to deceased <i>Brother in law</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long
Immediate <i>Heart failure &amp; Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. A. Callahan</i>
	Address <i>Creswell Md</i>
Accident or Suicide? <i>No</i>	



Amos Griffith

Town

County

Died at Scarborough Harford Co

MARYLAND

Date 1903 Nov. 18 Age 79 Y. M. D. Native of America Occupation Shoemaker

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living 8

Husband  
of

Wife

Father's  
Name

Mother's

Maiden Name

Cause of

Primary

Asthma

Death

Immediate

How long sick

Accident, Suicide, Homicide

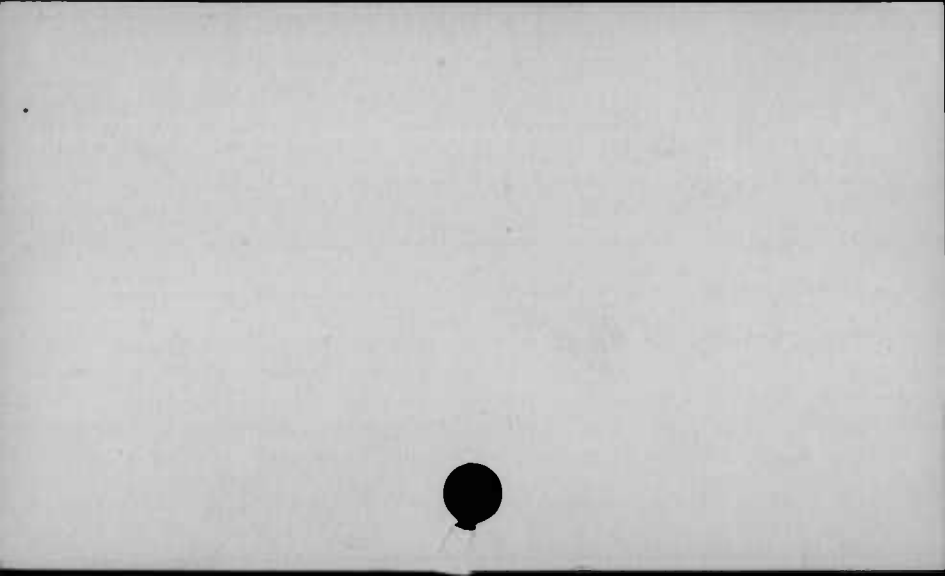
Reported by

Charles W. Famous Jr. D.

Address

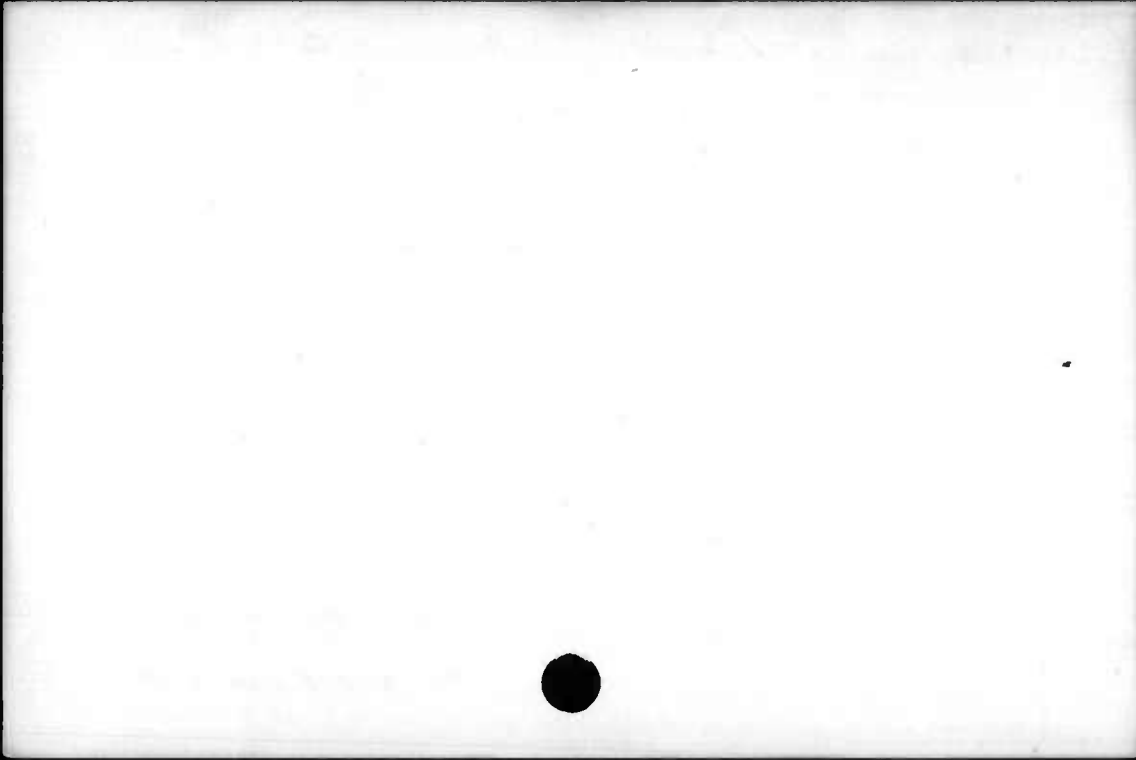
Street Po. Harford Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full		Laura Hall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Bel Air		Hawford		MARYLAND	
	Date of death	1903	Month	Nov	Day	18	Age
					Years	40	Months
							Days
	Sex	Female		Color or Race	Black		Birth-place
	Occupation	Housewife		Where Residing if not at place of death		Bel Air	
	Married, Single or Widowed	Married		Name of Wife or Husband		Musley Stace	
FATHER'S NAME	Father's Name	dont No				Father's Birthplace	dont No
	Mother's Maiden Name	Dealia Johns 93				Mother's Birthplace	
	Name of person giving Information	Musley Stace				How related to deceased	Husband
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Acute Lobar Pneumonia				How long	5 days.
	Immediate	Dislodged Pulmonary Embolism.				How long	Instantaneous
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Robert S Page		
			Address				
	Accident or Suicide?						



Name  
in  
Full

Samuel H Keatley Harford Co

## CERTIFICATE OF DEATH

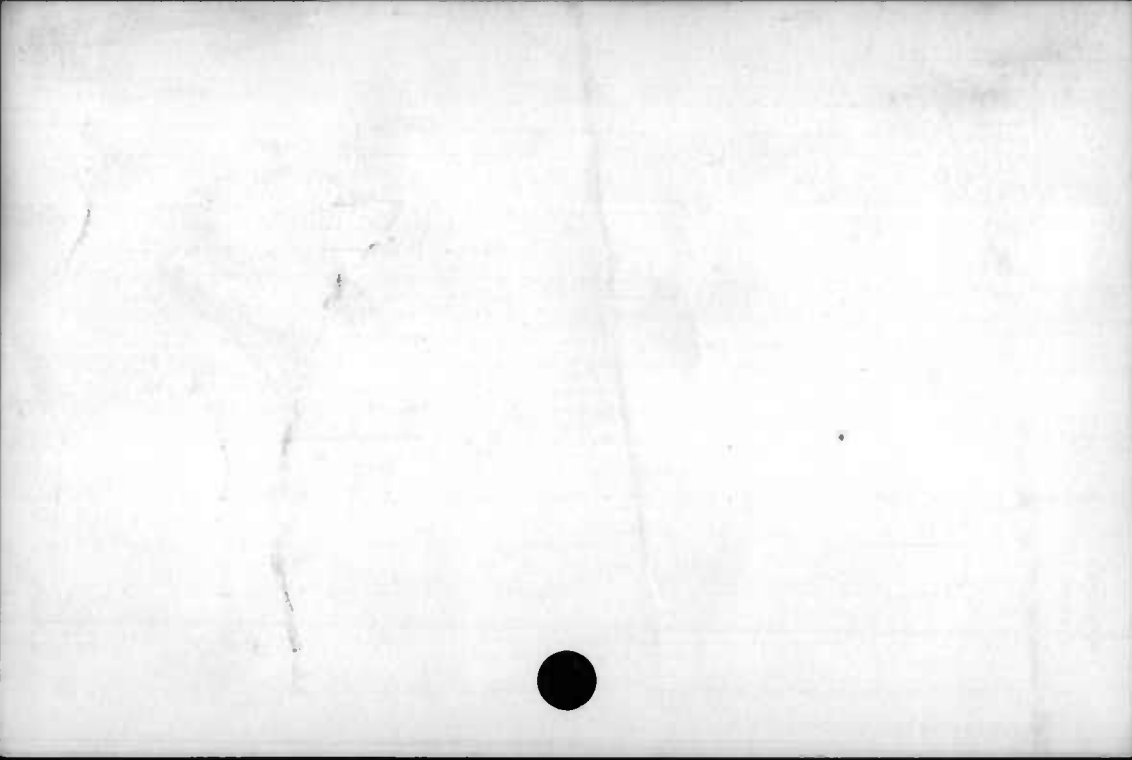
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harre de Grace</i>		Town <i>Harford Co</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Nov</i>	Day <i>30</i>	Age <i>62</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>ecil Co</i>				
Married, Single or Widowed <i>Widower</i>			Occupation <i>Blacksmith</i>				
Name of Wife or Husband <i>Belinda J.</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Clifford Keatley</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>one week</i>
Immediate <i>" also Valvular Dis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. C. Boston</i>
	Address <i>Harre de Grace</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mary M Keith</i>		Town <i>Prosser</i>		County <i>Hearford</i>		MARYLAND	
Died at		Date <i>7-27</i>		Month <i>Nov</i>		Day <i>San</i>	
of death 190 <i>3</i>		Age <i>92</i>		Years		Months	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Breil Co Md</i>		Days	
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>John A Keith</i>							
Father's Name <i>Karon Burgogne</i>		104		Father's Birthplace <i>France</i>			
Mother's Maiden Name <i>Rebecca Barnes</i>				Mother's Birthplace <i>Delaware</i>			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gastritis</i>		How long <i>2 wks</i>	
Immediate <i>Age</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. W. Ransom</i>	
		Address	
Accident or Suicide?			



Name in Full

Certificate of Death

Eliza Streett Kellogg

Town

County

Died at

Rocks

Harford

MARYLAND

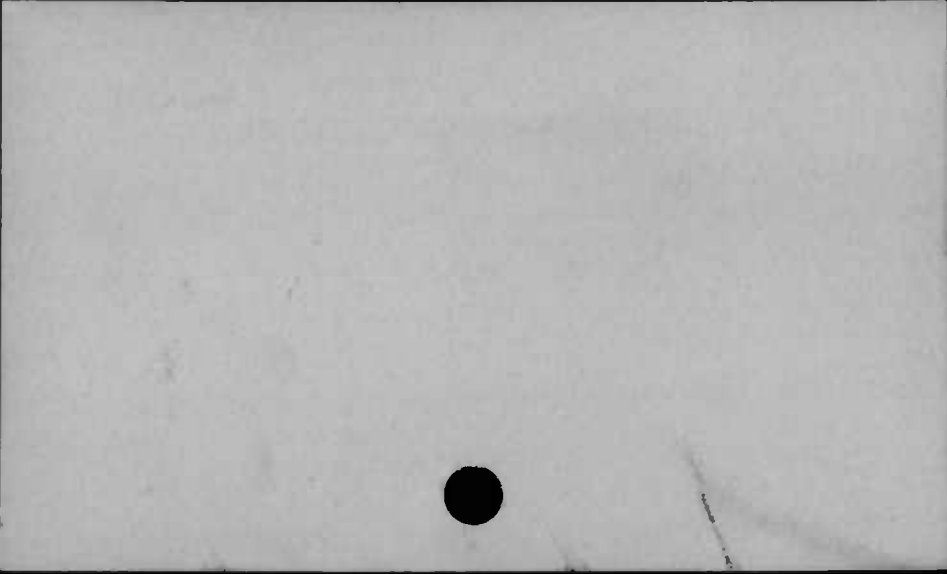
Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	Nov	2	86	1	21	Harford	Housekeeping
Male	White	Married	Widow	Discovered			
Female	Colored	Single	Widow			Number of children living	3

Wife of Eliezer Hall Kellogg  
 Father's Name Thomas Street  
 Mother's Name Sarah Kennedy

Cause of Death	Primary	Immediate	How long sick	Accident, Suicide, Homicide
	Dislocation of hip	Exhaustion	6 months	

Reported by E. H. Kurtz Undertaker  
 Address Jarrettsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

*Leech*

Died at *Upper X Roads* Town *Harford Co.* County *MARYLAND*

Date 19*03* *Nov. 24* Month *Nov.* Day *24* Y. *0* M. *0* D. *0* Native of *0* Occupation *0*

*White* ~~Black~~ ~~Chinese~~ ~~Japanese~~ ~~Other~~

*Female* ~~Male~~ ~~Single~~ ~~Married~~ ~~Widow~~ ~~Number of children living~~

Husband of \_\_\_\_\_

Wife \_\_\_\_\_

Father's Name *Albert Leech* Mother's Maiden Name *Mary Oleita Stein*

Cause of Death { Primary *Intra uterine pressure* Immediate \_\_\_\_\_

How long sick *Still born*

~~Accident, Suicide, Homicide~~

Reported by *Thos. H. Emory, M.D.*

Address *Hess, Ind.*

*10th Dist., Baet. Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>May Little</i>			Town <i>Deer Creek</i>		County <i>Harford Co</i>		MAYLAND	
Died at <i>Deer Creek</i>		Date of death 1903		Month <i>November</i>	Day <i>9</i>	Age <i>6 weeks</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Deer Creek</i>				
Married, Single or Widowed _____				Occupation _____				
Name of Wife or Husband _____								
Father's Name <i>John Little</i>		Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Laura Duff</i>		Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Father</i>		How related to deceased _____						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>a twin, one of them died two weeks ago</i>	How long _____
Immediate <i>Small very weak</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ephor Hopkins</i>
	Address <i>Darlington Md</i>
Accident or Suicide?	

92

Name  
in  
Full

## CERTIFICATE OF DEATH

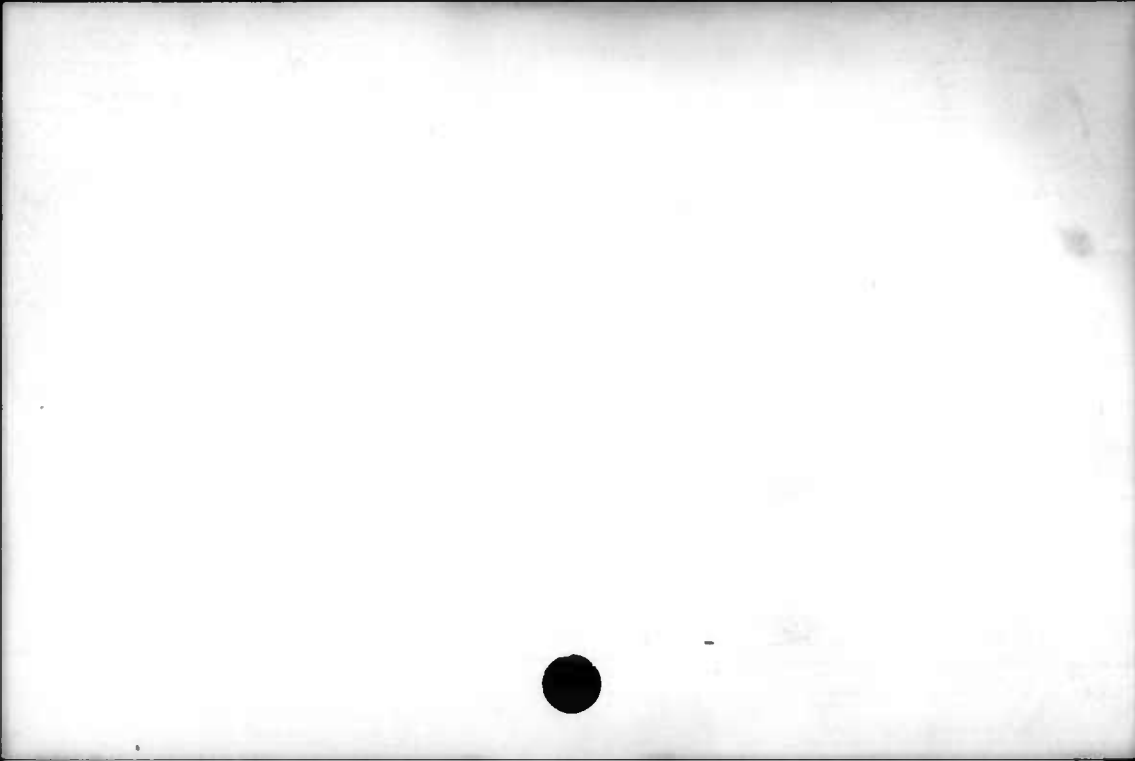
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bel Air</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>11</i>	Day <i>4</i>	Age <i>27</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Ind.</i>			
Occupation <i>House wife</i>	Where Residing if not at place of death				
Married, <i>Yes</i>	Name of Wife or Husband <i>Charles Matthews</i>				
Father's Name <i>Wm. Anderson</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Laura Robinson</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving Information <i>Husband</i>	How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 week</i>
Immediate <i>Phthisis</i>	How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edw. Richardson</i>
	Address <i>Bel Air, Md.</i>
Accident or Suicide? <i>No</i>	



Name In Full

Certificate of Death

Francis Moore

Town

County

Died at Harrods Grace

Harford Co

MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
03	Nov	12	Age	10	-	Cent Co	-
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband  
of  
Wife

Father's Name	Mother's Maiden Name
Michael Moore	166.

Cause of Death	Primary	Immediate	How long sick	Accident, Suicide, Homicide
	Head injury	Convulsions	3 weeks	

Reported by A. C. G. G. G.

Address Harrods Grace Md

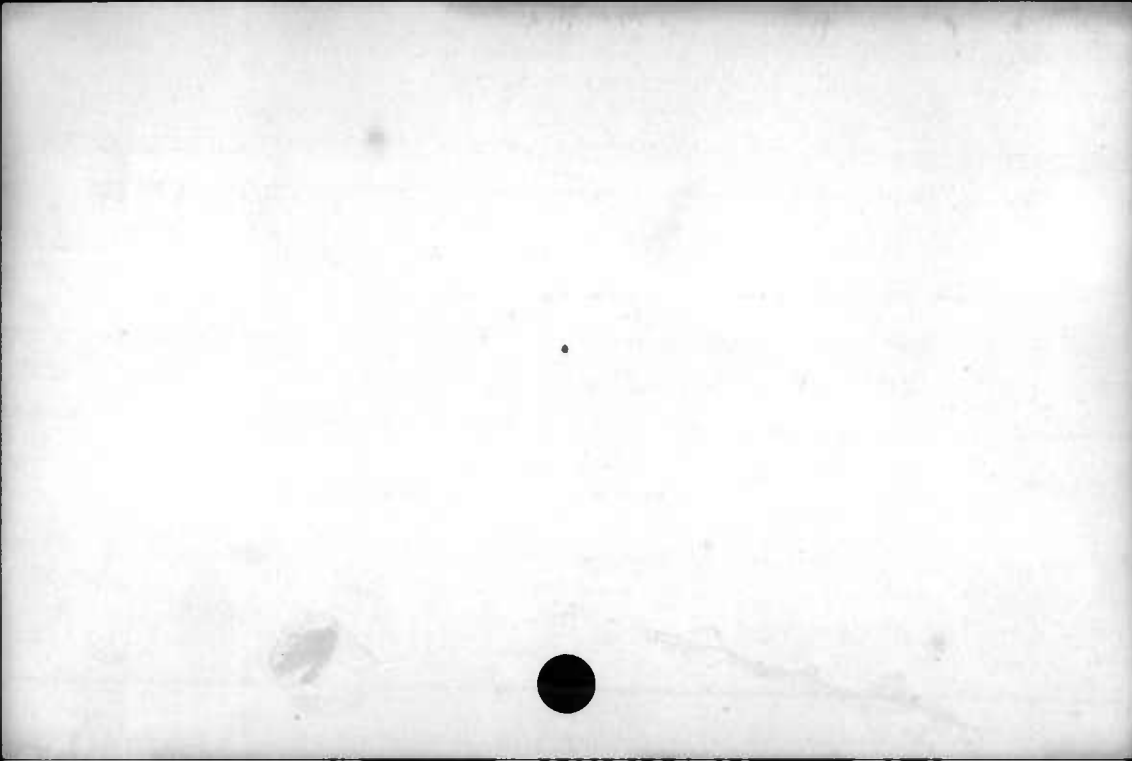
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75898





Name in Full		<i>Stieborn</i>				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Town		County		MARYLAND		
		Date of death 1903		Month <i>Nov</i>	Day <i>8</i>	Age <i>10</i>	Months <i>—</i>	Days <i>—</i>
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Cherry Hill</i>		
		Married, Single or Widowed <i>—</i>			Occupation <i>—</i>			
		Name of Wife or Husband <i>—</i>			Father's Birthplace <i>S.</i>			
		Mother's Maiden Name <i>Josephine Rigdon</i>			Mother's Birthplace <i>Cherry Hill</i>			
		Name of person giving In formation <i>—</i>			How related to deceased <i>—</i>			
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Stieborn</i>				How long <i>—</i>		
		Immediate <i>—</i>				How long <i>—</i>		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>Dr F H Arthur</i>		
						Address <i>Cherry Hill</i>		
		Accident or Suicide?				<i>Ind.</i>		



Name in Full

Certificate of Death

Minus Elmore Ammons

Died at

Magenohi

County

Harford

MARYLAND

Date

190

3

Month

Day

Nov

27

Y.

M.

D.

Native of

Occupation

Age

7

8

2

Harford Co

White

~~Married~~~~Widow~~~~Domestic~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Joseph Minus

Mother's

Name

Alice Bramble

Cause of

Primary

Measles Comp.

How long sick

5 days

Death

Immediate

Heart failure

~~Accident; Suicide; Homicide~~

Reported by

Chas E Roth

Address

Edgewood

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU



Name In Full

Certificate of Death

Bernon J. Townsley

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

Nov.

1

Age

1

6

Md.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

B. J. Townsley

Mother's

Maiden Name

Augusta Gunther

Cause of

Primary

Convulsions

How long sick

2 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

G. W. Davis

M. D.

Address

Pleasantville Md

R. Walker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

William Edwards Williams

Town

County

MARYLAND

Died at

Near Aberdeen Harford

Month

Day

Y

M.

D.

Native of

Occupation

Date 189

1903

Nov 28

Age

45

Baltimore City Laborer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Emanuel Williams

Mother's

Name

Elizabeth Williams

Cause of

Primary

Heart trouble

How long sick

11 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address



A R Fletcher

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79996





Name in Full

*Septimius Jennings Gorkle*

Town

County

MARYLAND

Died at

*near Perryman*

Month

Day

Y.

M.

D.

Native of

Occupation

Date

*1913*

*Nov 15*

Age

*4*

Male

~~White~~

~~Married~~

~~Widow~~

~~Divorced~~

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

*Septimius Gorkle*

Mother's

Name

*Estelle E Gorkle*

Cause of

Primary

How long sick

*4 day*

Death

Immediate

Accident, ~~Suicide~~, Homicide

Reported by

*J. H. Hanna*  
*A. R. Fletcher*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or minister.

